ADMIT to outpatient infusion service FOR NATALIZUMAB INFUSION (TYSABRI) Diagnosis: Multiple Sclerosis Other (specify) * Physician office to verify results of Anti-JCV Antibody prior to referral. (recommended at baseline and every 6 months) CBC with diff CBC and ANC Profile 1 Proceed with treatment if ALC >500 and WBC > 4000. If lower, DocHalo Physician for approval to infuse. Additional labs: Pre-Infusion Orders (administer 30 minutes prior to infusion) Acetaminophen 650 mg PO with each treatment Famotidine 20 mg IVP over 2 minutes with each treatment ☐ Diphenhydramine 25mg PO with each treatment ☐ Methylprednisolone 125 mg IVP with each treatment Diphenhydramine 50 mg PO with each treatment Other: For Infusion Reactions: *Follow Infusion Center Standing orders for Neurology Center of East Alabama Patients Infusion Orders Drug Fluid Dose Route NS 300 mg IV Tysabri natalizumab 100 mL Infusion **Ancillary Treatment/Administrative Procedures** • Complete Tysabri Pre-Infusion Patient Checklist and submit to TOUCH program. Contact physician if patient does not meet criteria to infuse. May use infusion center standing orders. Tysabri (300 mg) IV is to be given over 1 hour. Monitor vital signs prior to start of infusion then every 30 minutes and at completion of infusion. ❖ Infuse NS at 30 mL/hr as mainline fluid. Monitor patient for signs/symptoms of hypersensitivity during infusion and for one-hour post-infusion. • Monitor patient for hypersensitivity reaction: urticaria, dizziness, fever, rash, rigors, pruritus, nausea, flushing, hypotension, dyspnea, and/or chest pain. Schedule repeat infusion: Every 4 weeks x _____ doses. Every _____weeks x _____ doses. Call 334-203-1917 and notify Neurology Center of East Alabama office of the next infusion date scheduled. **Physician Signature** Date Time

EAST ALABAMA MEDICAL CENTER
EAMC Infusion Order Set
Tysabri